

WHAT TO EXPECT SIX WEEK AFTER YOUR KNEE REPLACEMENT

- At this point, your **INCISION** should be slightly pink in color and nearly healed. At this point you may begin gently massaging your incision to help with making your scar flat and soft. There is no need to apply any ointments or solutions to your incision but if you prefer, there are over-the-counter ointments that some patients apply, including Vitamin E cream, Mederma and other prescription silicone creams.
- **BRUISING and SWELLING:** The majority of your knee and leg bruising should be resolved. Leg swelling, on the other hand, can persist in the next months, will increase with activity. Leg and knee swelling can, in some cases, continue for the next year in varying degrees. It is still advisable to utilize elevation and ice to the area of swelling on an as needed basis. Non-steroidal anti-inflammatory medication can also be helpful in dealing with occasional knee and leg swelling. These medications include over-the-counter Advil, Aleve, Ibuprofen, and Motrin. Prescription NSAID's including Mobic and Celebrex. All NSAID's, whether prescribed or purchased over-the-counter, should be taken with food.
- **LOW GRADE FEVERS** should have resolved by this point in your recovery. It is still advisable to monitor your temperature if you feel feverish and report any temperatures **above 101.5** to our office staff as necessary. We would also like for you to notify our office if you have any wound or incisional drainage.
- **PAIN MEDICATION** should continue to be used on an *as needed* basis. At this point you should be using less pain medication, less often. It is likely that we have begun the tapering process with regards to the strength of pain medication. As you know by now, PERCOCET is the typical pain medication our patients use the first month or so after surgery. At that point, we will begin lowering the strength of pain medication used to Lorcet/Lortab (hydrocodone), and Tylenol with Codeine. This process will be carried out over the next 6 upcoming weeks and *by 3 months from your surgery date our goal is that you are off all narcotic type pain medication.*

- You have likely been taking **ASPIRIN** twice daily since your hospitalization. As you recall, Dr Moore suggests 325mg of Aspirin, twice per day, be taken for 6 weeks total time. At this point, since this is your 6 week appointment, you may discontinue this twice daily Aspirin or transition over to a lower dosage (81mg) daily for heart health if you had been taking this prior to your surgery.
- If you were discharged from the hospital on COUMADIN then it is likely that this medication will be discontinued at this appointment, dependent upon the medical reasons you were placed on this medication. Dr Moore will discuss this plan with you directly.
- Of course, if you were taking Coumadin/plavix or any other blood thinning medication prior to surgery, you have resumed your typical schedule and strength of medication by now. For those patients who needed additional short-term (6 weeks) Coumadin for medical reasons you will likely finish this course within the next upcoming days and no other medications will likely be suggested by Dr Moore.
- From our perspective, you may discontinue use of your **WALKER** and/or **CANE/CRUTCHES**. We realize that not all patients recover at the same pace so if you still feel unsteady to any degree, you may continue use of a cane if necessary. Intuitively, you will know when you are ready to walk without the assistance of a cane. For most, that is 4-6 weeks after surgery and for a few, a cane is preferred for balance on a daily basis.
- At this point you may begin **DRIVING** (assuming you had driving privileges prior to surgery and are off of all narcotic pain medication). If you are still taking any type of narcotic pain medication, driving is not advisable.

- **PHYSICAL THERAPY:** It is important that you continue working on your knee motion over the next 6 weeks as your body is still forming scar tissue. As was discussed with you at your pre-surgery appointment, STIFFNESS is a potential complication of knee replacement surgery. In order to prevent knee stiffness, we suggest our patients work on knee extension (straightness) and knee flexion (knee bend) several times a day. Performing daily activities (i.e. driving, stair climbing, walking, etc.) also helps in maintaining your functional knee motion. If, in fact, your knee flexion is less than 90-100 degrees, Dr Moore may suggest other options to increase your knee bend including continued physical therapy, surgical knee manipulation & flexion devices (flexionator).
- **SLEEP DISTURBANCE** It is still common for patients to complain of difficulty with sleep at this point after knee replacement surgery. As you know, we suggest you use over-the-counter Tylenol PM or Benadryl. We also remind you to take some type of pain medication at bedtime. As mentioned previously night time knee discomfort occurs because as you progress in your recovery, you become more active. Although this activity is desirable, the more active you are, the more swelling you will likely have. By the end of a full day, you may experience slight fatigue and increased knee swelling which causes increased knee pain. It is *not* typical for us to prescribe any type of sleep aids (i.e. ambien or lunesta) because these medications have potential for addiction and must be used with great caution.
- **DENTAL CLEANING/COLONOSCOPY/UROLOGIC PROCEDURES:** As a reminder, Dr Moore prefers his patients not schedule any elective dental cleaning or procedures of any type for *three months* after joint replacement. Certainly, if emergent procedures are necessary, then it is advisable to pre-treat with antibiotics as necessary. Once you have reached the 3-month recovery point, we require LIFELONG antibiotic prophylaxis for all **DENTAL, UROLOGIC and COLONOSCOPY** procedures. Please contact our office, inform us of your upcoming procedure and we will make arrangements for you to have an appropriate prescription for antibiotic therapy.
- Your next follow up appointment with Dr Moore will be scheduled for 18 weeks from now (approximately 6 months from your surgery date). Occasionally, if Dr Moore has any concerns, he will consider seeing his patients for an early re-check 6 weeks from today's appointment.



***Please remember that WE ARE HERE FOR YOU.
Please feel free to contact us with any needs, questions
or concerns at our clinic (910) 295-0224 during office
hours and through the hospital operator during nights,
weekends and holidays (910) 715-1000***